APPENDIX D

2013 VA TRI Reporting Forms

Please note that the TRI reporting forms in this appendix are for reference only. Do not submit these forms to EPA. All facilities are required to submit their TRI data electronically using the TRI-MEweb application, per the TRI Electronic Reporting Rule. A link to the reporting rule language can be found at the following address: http://www2.epa.gov/toxics-release-inventory-tri-program/electronic-reporting-toxics-release-inventory-data-final-rule

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WHE	ERE TO SEND COMPL	ETED FORMS	d -	P.O.8	ata Processing Cente Box 10163 x, VA 22038	7 2		E STATE OR TRIBA ions in Appendix		
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		PA	ART I. FAC	ILITY IDE	NTIFICATION I	NFORMAT	ION			
SEC	CTION 1. REPO	RTING YEA	AR _	- 41						
SEC	CTION 2. TRAD	E SECRET	INFORMA	TION			00 4	a==01	(3-0)	
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SEC	CTION 4. FACIL Facility or E stab8sh	ITY IDENT	IFICATION	TRI Facility	y ID Number ddress (if different fic	om physical str	eet address)		ry (NGo-U5)	
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Page 2 of 6

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

Approved OMB Number: 2025-0009

Approved OMB Number: 2025-0009

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		1	77	TRI Facility ID Number				
	David II C		9					
	Part II. C	HEMICAL-	SPECIFIC INFORMATION	To	Toxic Chemical, Category, or Generic			
-				- 1				
	TION 1. TOXIC CHEN		TITY f you are reporting a mixture component in Sec	ction 2 below.)				
1.1	CAS Number (Important: I	Enter only one	number exactly as it appears on the Section 313 lis	st. Enter category	code if reporting a chemical catego			
_								
1.2	Toxic Chemical or Chemica	al Category Nar	me (Important: Enter only one name exactly as it ap	ppears on the Sec	tion 313 list.)			
	Conside Chambers Name &		uplete only if Part I, Section 2.1 is checked "Yes". Ge	marie Marone micro	ha atmospherida describitorio			
1.3	Generic Chemical Name (ii	nportant: Com	piete only a Part (Section 2.1 is checked. Fes. Ge	menic mamie music	be structurally descriptive)			
SEC	TION 2. MIXTURE CO	MPONENT	IDENTITY (Important DO NOT or	omplete this sec	tion if you completed Section 1.)			
$\overline{}$			plier (Important: Maximum of 70 characters, includ					
	Germin, Chemical Name F	onues by July	green simportains, maximum or 70 Characters, micros	arrig topolitaers, neo	mis spaces, and punctuations,			
F80.00	ortant: Check all that app		OF THE TOXIC CHEMICAL AT THE FACIL	шт				
_	Manufacture the toxic		3.2 Process the toxic chemical:	3.3 Oth	nerwise use the toxic chemical:			
200		Import	To the season of	35,00				
_	If Produce or Im	port	a. As a reactant		s a chemical processing aid			
	c. For on-site use/s		 As a formulation component As an article component 		s a manufacturing aid incillary or other use			
	d. For sale/distribu e. As a byproduct	tion	d. Repackaging	3.				
	f. As an impurity		e. As an impurity					
_		FIG. 1000	F THE TOXIC CHEMICAL ON-SITE AT AN	NY TIME DUR	ING THE			
	No. 1985	AMOUNT O	SUDIVII	TIME DON				
	TION 4. MAXIMUM / LENDAR YEAR	/ 1	e from instruction package.)	1				
4.1	TION 4, MAXIMUM A LENDAR YEAR	r two digit code	e from instruction package.)					
4.1	TION 4, MAXIMUM A LENDAR YEAR	r two digit code	SUDIVII	CH ENVIRO				
4.1	TION 4, MAXIMUM A LENDAR YEAR	Y OF THE	e from instruction package.) TOXIC CHEMICAL ENTERING EAC	CH ENVIRO	NMENTAL MEDIUM ON-			
4.1	TION 4, MAXIMUM A LENDAR YEAR	Y OF THE	e from instruction package.) TOXIC CHEMICAL ENTERING EAC Total Release (pounds/year*) B. Basis of Esti	CH ENVIRO	NMENTAL MEDIUM ON-			
4.1 SEC	CTION 5. QUANTIT	Y OF THE	e from instruction package.) TOXIC CHEMICAL ENTERING EAC Total Release (pounds/year*) B. Basis of Esti	CH ENVIRO	NMENTAL MEDIUM ON-			
4.1 SEC	CTION 4. MAXIMUM A ENDAR YEAR (Ender CTION 5. QUANTIT Fugitive or non-point air emissions Stack or point air	V OF THE	e from instruction package.) TOXIC CHEMICAL ENTERING EAC Total Release (pounds/year*) B. Basis of Esti	CH ENVIRO	NMENTAL MEDIUM ON-			
5.1 5.2	Fugitive or non-point air emissions Discharges to receiving streams or water bodies	Y OF THE NA	e from instruction package.) TOXIC CHEMICAL ENTERING EAC Total Release (pounds/year*) B. Basis of Esti	CH ENVIRO	NMENTAL MEDIUM ON-			
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5.1 5.2 5.3	Fugitive or non-point air emissions Discharges to receiving streams or water bodies (Enter one name per box) Stream or Water Body N	Y OF THE NA	e from instruction package.) TOXIC CHEMICAL ENTERING EAC Total Release (pounds/year*) B. Basis of Esti	CH ENVIRO	NMENTAL MEDIUM ON-			

EPA form 9350 -1 (Rev. 10/2012) — Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year.

**Range Codes: A= 1-10 pounds: B= 11-499 pounds; C= 500-999 pounds.

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

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		TRI Facility ID Number						
	Part II. CHEMICAL-SPE	Toxic Chemical, Category, or Generic Nat						
SECTIO		TOXIC	CHEMICAL ENTERING EACH ENVIRONM	ENTAL MEDIUM ON-SITE				
		NA	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)				
5.4.1	Underground Injection on-site to Class I Wells		Production and contract and description	Control of Administration				
5.4.2	Underground Injection on-site to Class II-V Wells							
5.5	Disposal to land on-site			Max.				
5.5.1A	RCRA Subtitle C landfills			(D)				
5.5.18	Other landfills							
5.5.2	Land treatment/application farming							
5.5.3A	RCRA Subtitle C surface impoundments			ľ				
5.5.38	Other surface impoundments	Ш						
5.5.4	Other disposal							
SECTIO	ON 6. TRANSFER(S) OF T	HE TO	CIC CHEMICAL IN WASTES TO OFF-SITEL	OCATIONS				
6.1	DISCHARGES TO PUBLICLY O	OWNED 1	TREATMENT WORKS (POTWs)	NA D				
6.1	POTW Name							
POTW A	ddress							
City			County St	te ZIP				
	A. Quantity Transferre (pounds/year*) (Ente			Basis of Estimate (Enter code)				
	onal pages of Part II, Section 6.1 cate the Part II, Section 6.1 page		hed, indicate the total number of pages in this box					
	N 6.2 TRANSFERS TO OTHER O							
6.2.	Off-Site EPA Identification Numi	ber (RCR/	ND No.)					
100	Location Name:							
Off-Site I	Service Control of Con							
	Address:		21 Mr. In 192 276					
-			County State Z8	Country (non-US)				

Form Approved OMB Number: 2025-0009 Approval Expires: 10/31/2014t (IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Page 4 of 6 TRI Facility ID Number FORM R Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category, or Generic Nan SECTION 6.2. TRANSFERS TO OTHER OFF-SITE LOCATION (CONTINUED) A. Total Transfer (pounds/year*) (Enter a range code** or estimate) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) B. Basis of Estimate 1. M 2. 2. M 3, 3. M 4. M 4. 6.2 Off-Site EPA Identification Number (RCRA ID No.) Off-Site Location Name: Off-Site Address: City County ZIP Country (non-US) is this location under control of reporting facility or parent company? No _ A. Total Transfer (pounds/year*) (Enter a range code** or estimate) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) (Enter code) 1. M 2. 2. M 3, 3. 3. M 4. M SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY Not Applicable (NA) - Check here if no on-site waste treatment method is applied to any waste stream containing the toxic chemical or chemical b. Waste Treatment Methodisi Sequence (Enter 3-or 4-character code(s)) (Enter 2-character code) 7A.1a 7A.1b 7A.1c 7A.2a 7A-2b 7A.2c 7A.3a 7A.3c 7A.3b 7A,4a 7A.4b 7A.4c 7A.5a 7A.5b 7A.5c

If additional pages of Part II, Section 6.2/7.A are attached, indicate the total number of pages in this box.

and indicate the Part II. Section 6.2/7.A. page number in this box.

EPA form 9350 -1 (Rev. 10/2012) - Previous editions are obsolete

"For Dioxin or Dioxin-like compounds, report in grams/year."
"Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

(Example: 1, 2, 3, etc.)

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

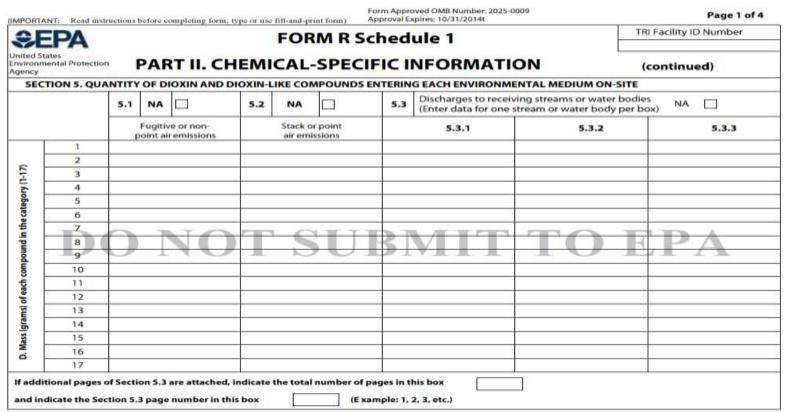
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Form Approved OMB Number: 2025-0009 Approval Expires: 10/31/2014t

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			TRI Fac Ility ID Number Toxic Chemical, Category, or Generic Name			
	Part II. CHEMICAL-SPEC	D)				
SEC	TION 7B. ON-SITE ENERGY R	ECOVERY PROCESSE	ES	7	-	
	NA. Check here if no on-site energ	y recovery is applied to an	y waste stream con	taining the toxic chem	ical or chemical car	tegory.
Energ	y Recovery Methods (Enter 3-charact	e accompany of the second of the				
	1] 2	3 [
SEC	TION 7C. ON-SITE RECYLING	PROCESSES				
	NA Check here if no an-site recyc	ling is applied to any waste	stream containing	the toxic chemical or o	hemical category.	
Recyc	fing Methods (Enter 3-character code	r(s)				
		2.				
	1-1				-	
SEC	TION 8. DISPOSAL OR OTHE	R RELEASES, SOURCE	E REDUCTION,	AND RECYCLING	ACTIVITIES	
			Column A Prior Year (pounds/year*)	Column 8 Current Reporting Year (pounds/year*	Column C Following Year (pounds/year*)	Column D Second Following Yea (pounds/year*)
8.1		110000 1100	good s	rear grounds year	a poortion year y	apour saw year y
8.1a	Total on-site disposal to Class I Unde RCRA Subtitle C landfills, and other I					
8.1b	Total other onsite disposal or other	releases		4		
8.1c	Total off-site disposal to Class I Und RCRA Subtitle C landfills, and other I					
8,1d	Total other off-site disposal or other	releases			_	
8.2	Quantity used for energy recovery of	in-site	2 1/1		1.4 2	
8.3	Quantity used for energy recovery of	ff-site	DIVE			
8.4	Quantity recycled on-site					
8.5	Quantity recycled off-site					
8.6	Quantity treated on-site					
8.7	Quantity treated off-site					1
8.8	Quantity released to the environme events not associated with producti			events, or one-time		
8.9	Production ratio or activity index	117 777 771 27				
8.10	Did your facility engage in any newl if so, complete the following section		uction activities for	this chemical during th	ne reporting year?	
Source Reduction Activities (Enter code(s)) Methods to Identify Activity (Enter code(s))						
8.10.	1	a.	b.		4	
8.10.	2	a.	b.		c.	
8.10.3 a. b. c.					c.	
0.10	8.10.4 a. b. c					

		TRI Facility ID Number
	FORM R	The state of the s
33	Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	Taxic Chemical, Category, or Generic Nan
	<u> </u>	
SECTI	ON 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RE	CYCLING ACTIVITIES
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollut	on control activities, provide it here.
0	NOT CHEMIT	TOFP
	ON 9, MISCELLANEOUS INFORMATION	TOEP
-	ON 9, MISCELLANEOUS INFORMATION If you wish to submit any miscellaneous, additional, or optional information regarding your Fo	ırın R submission, provide it here.
-		orm R submission, provide it here.
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				FORM	л R S	chedi	ıle '	1					Т	RI Facility	ID Numbe	er
	PART II. CHEMICAL-SPECIFIC INFORMATION (continued)															
SEC	SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE															
		Underground	d Injection						5	.5 Dispos	al to land	on-site				
		5.4.1 NA	5.4.2 NA	5.5.1.A	NA	5.5.1.B	NA		5.5.2	NA	5.5.3A	NA	5.5.3B	NA 🗌	5.5.4	NA _
	Underground Underground		Injection on-site to Class II-V	RCRA Sub landfills	otitle C	Other landfills			Land treatment/ application farming		g surface	RCRA Subtitle C surface impoundments		Other surface impoundments		posal
	1															
	2															
2	3															
Ξ	4															
gory	5															
ate	6		NIO					N	//						A	
the	7						5	1	V						A	
Ë	8								1							
omuc	9															
m m	10															
h co	11															
eac	12															
s) of	13															
ram	14															
Mass (grams) of each compound in the category (1-17)	15															
	16															
Ü	17															

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PART II.	CHEMI	CAL -S	PECIFIC II	NFORMATIO	JN (c	ontinued)						
ECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS												
6.1. DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA												
6.1				C. Mass (grams) of								
	2	3	4	5	6	7	8	9				
0	11	12	13	14	15	16	17					
		6.2 TRANSFE	RS TO OTHER O	FF -SITE LOCATI	ONS	NA						
6.2				D. Mass (grams) of e	ach compound in th	e category (1-17)						
1.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
2.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
3.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
4.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
6.2				D. Mass (grams) of e	each compound in t	he category (1-17)						
1.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
2.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
3.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
4.	1	2	3	4	5	6	7	8				
	10	11	12	13	14	15	16	17				
		6.1 or 6.2 are attached		al number of pages in (Example: 1, 2								

(IMPC	ORTAN	IT: Read instructi	ions before comple	ting form; type or u	ise fill-and-print fo	mı)			ed OMB Number: 20 ires: 10/31/2014t	025-0009		Page 4 of 4
			•		M R Sche	-					TRI Facility ID N	Number
	_											
	P	ART II. C	HEMICA	L-SPECIF	FIC INFO	RMATIO	N	(cor	ntinued)			
	SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS											
!	curr	ent year only)	<u> </u>							<u> </u>		T T
		8.1a	8.1b	8.1c	8.1d	8.2	8.3	8.4	8.5	8.6	8.7	8.8
		Total on-site disposal to	Total other on-site disposa	Total off-site disposal to	Total other off-site disposa	Quantity used	Quantity used for energy	Quantity recycled	Quantity recycled	Quantity treated	Quantity treated	Quantity released to the environment a
		Class 1	or other	Class 1	or other	recovery	recovery	on-site	off-site	on-site	off-site	a result of remedial
		Underground Injection Wells,	releases	Underground Injection Wells,	releases	on-site	off-site					actions, catastrophic events, or one-time
		RCRA Subtitle		RCRA Subtitle								events not
		C landfills, and other landfills		C landfills, and other landfills								associated with production
		other failulis		other failullis								processes
	1											
	2											
2	3											
1-	4					~					_	
TOD	5						RM	1			$P\Lambda$	
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9	10											
of ea	11											
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s (gra	14											
Mas	15											
Column f. Mass (grams) of each compound in the ategory (1-17)	16											
Colu	17											
	17	l	1	1	1	1		I			1	

United States Environmental Protection Agency		TOXIO	CS	7		RM A		ORY				
P. (HERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center 2. APP P. O. Box 10163 Fairfax, VA 22038							OPRIATE STATE OR TRIBAL OFFICE TRI Facility ID Number (See instructions in Appendix E)				
his section only applies if you are revising or wit reviously submitted form, otherwise leave blan	Revision	(Ente	(Enter up to two code(s)) With			Withdras	rawal (Enter up to two code(s))					
MPORTANT: See instructions to determine w	hen "Not Applic	able (NA)" box	es sho	ild be che	cked.							
PAR	T I. FACILITY	IDENTIFICA	TION	INFORM	ATIO	N:						
ECTION 1. REPORTING YEAR												
ECTION 2. TRADE SECRET INFORMATIO	N											
Are you claiming the toxic chemical identi 2.1 Yes (Answer question 2.2; attach substantiation forms)	No (Do not		2.2	this copy		Sanitizi (Answe	ed r only if "Ye	The Part of the Pa	nitized			
ECTION 3. CERTIFICATION (Important	t: Read and sig	n after comp	leting	all form	section	ıs.)						
0 CFR 372.27(a), did not exceed 500 pounds for ot exceeding 1 million pounds during this repo ame and official title of owner/operator or seni	rting year.		Signat		orocture	ai process	Cut, on Daile.	Date sign				
Facility or Establishment Name			TRI Fa	cility ID No	ımber	1						
Physical Street Address City/County/Tribe/State/ZIP Code	SI	JR	N	g Address tate/ZIP Co		ent from p	hysical stre	et address) Country	(Non-US)			
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4.2 This report contains information for: (Imp	ortant: Check c or	d if applicable)	i.		c	A Federa	l facility	d. 🗆 G	осо			
Technical Contact Name						Telephor	ne Number	(include are	a code)			
Email Address												
4.4 Public Contact Name						Telephor	e Number	(include are	ra code)			
Email Address												
4.5 NAICS Code(s) (6 digits) Primary	b.	c			d.	(8)	e.		f.			
A.6 Dun & Bradstreet A. b. b.	- 6											
ECTION 5. PARENT COMPANY INFORMA	TION											
5.1 Name of U.S. Parent Company (for TRI Reporting purposes)		Mir.					100000000000000000000000000000000000000	S. Parent Co RI Reporting	Market Control of the			
5.2 Parent Company's Dun & Bradstreet Numi	NA NA	7							and the second			

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OME	Form Approved CMB Number PORTANT: Read instructions before completing form; type or use fill-and-print form) Approved Expires: 10/31/2014	
	EPA FORM A PART II. CHEMICAL IDENTIFICATION	TRI Facility ID Number
SEC	Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds* TION 1. TOXIC CHEMICAL IDENTITY Report	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 31	13 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be str	nucturally descriptive.)
SEC	TION 2. MIXTURE COMPONENT IDENTITY {Important: DO NOT complete this section if you completed Section	1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, sp	aces, and punctuation.)
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if	reporting a chemical category.)
1.2	Taxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 31	13 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be str	ructurally descriptive.)
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, sp TION 1. TOXIC CHEMICAL IDENTITY Report	eaces, and punctuation.)
1.1	TION 1. TOXIC CHEMICAL IDENTITY Report CAS Number (Important: Enter only one number exactly as if appears on the Section 313 list. Enter category code if	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as It appears on the Section 31	13 fist.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be str	ructurally descriptive.)
SEC	TION 2. MIXTURE COMPONENT IDENTITY. (Important: DO NOT complete this section if you completed Section	1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, sp	aces, and punctuation.)
SEC	I TION 1, TOXIC CHEMICAL IDENTITY Report _	_ of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if	reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 31	[3 list.]
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be str	ructurally descriptive.)
SEC	I TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	1 above)
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*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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